

EXECUTIVE OFFICE OF PUBLIC SAFETY PROGRAMS DIVISION
BULLETPROOF VEST REIMBURSEMENT FORM

Contact Person: Deirdre Mullane, Law Enforcement Programs Analyst

One Ashburton Place, Suite 2110 -- Boston, MA 02108

Tel # 617-727-6300 x 25345

Department Name _____

Date Submitted _____ Page _____ of _____

Department Address _____

Contact Person _____

Phone No. _____

Please make copies of this form for future use.

Name	Social Security Number	Vendor	Date Initial Vest Purchased	Date Replacement Vest Purchased	Threat Level (II, IIA, IIIA)	Price
				TOTALS		

Please sign and date below to confirm that, to the best of your knowledge, all information provided is accurate and verifiable.

Original Signature of Chief of Police or Chief Executive Officer
(In blue ink)

Date